

# Los Angeles County Alternatives to Incarceration Work Group

## Interim Report Goals

### Ad Hoc Committee Recommendations:

Community Based System of Care  
Justice System Reform  
Community Engagement  
Funding  
Data & Research

May 21, 2019

## **COMMUNITY BASED SYSTEM OF CARE (CBSOC)**

### **Overview**

The County's current system of community-based alternatives to incarceration for people living with mental health needs is not equipped to prevent their criminalization. Instead, there is a revolving "system of care" that flows from crisis and hospitalization to homelessness and jail—and sometimes death. Our system is difficult to navigate, exists in silos, and does not meet the whole person needs of people with mental and behavioral health needs in our communities. The current approach can often isolate people with harmful results, rather than helping them integrate into our communities using systems that prioritize dignity, promote wellbeing, and provide meaningful opportunities to be active community members of Los Angeles County.

The lack of community-based services and alternatives to incarceration in the County for people with mental health needs has resulted in overburdened emergency rooms and jail towers full of people suffering from varying mental health symptoms. The delivery of mental health services in jail, and other carceral settings exacerbate mental health needs and often times subjects' people to additional trauma. The Federal Department of Justice (DOJ) acknowledges that people confined to the county jails who have mental health needs were failed by other systems, and these people would be safely and more effectively served in community-based settings at a lower cost to the County.<sup>1</sup>

Currently, people with mental health needs are not provided with the holistic care that address all the social determinants of health. We must invest in prioritizing access to health care services, availability of resources to meet daily needs (e.g., safe housing and transportation), as well as access to educational, economic, and employment opportunities with family and community reintegration. An integrated, decentralized system of care that addresses mental health needs and the social determinates of health will create social and physical environments that promote good health for all community members which has been supported by public health experts across the nation. The American Public Health Association "recommends the following actions by federal, state, tribal, and local authorities: (1) eliminate policies and practices that facilitate disproportionate violence against specific populations (including laws criminalizing these populations), (2) institute robust law enforcement accountability measures, (3) increase investment in promoting racial and economic equity to address social determinants of health, (4) implement community-based alternatives to addressing harms and preventing trauma, and (5) work with public health officials to comprehensively document law enforcement contact, violence, and injuries".<sup>2</sup> Developing a system of care that is easily accessible, decentralized, and has the capacity to serve thousands of people throughout the County can end the County's reliance on jails and law enforcement while ensuring that people with mental health needs are

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<sup>1</sup> U.S. Department of Justice, letter to Anthony Peck, Esq. Deputy County Counsel and Stephanie Jo Reagan, Esq. Principal Deputy County Counsel for Los Angeles County, 04 Jun. 2014.

<sup>2</sup> Ryan A. Crowley, BSJ, and Neil Kirschner, PhD, for the Health and Public Policy Committee of the American College of Physicians. (2015). The Integration of Care for Mental Health, Substance Abuse, and Other Behavioral Health Conditions into Primary Care: An American College of Physicians Position Paper. *Annals of Internal Medicine*.  
[https://www.integration.samhsa.gov/Integration\\_of\\_BH\\_into\\_primary\\_care\\_Annals\\_of\\_Internal\\_Medicine.pdf](https://www.integration.samhsa.gov/Integration_of_BH_into_primary_care_Annals_of_Internal_Medicine.pdf)

thriving with dignity and living lives that are restored, not restricted, by ecosystems of care. Care first, and jail only as a last resort.

## Goals

Goal	Description
1. Increase Access and Remove Barriers to Community Based Services by addressing the Social Determinants of Health	Develop policies and expand programs that ensure that people with mental health needs and substance use disorder, their loved ones, and community members have multiple points of access to the full continuum of services and that match the individual's current needs (from low to high levels of care) through a combination of County-operated and not-for-profit community-based organizations services throughout Los Angeles County while creating alternatives to incarceration at every level of the criminal justice system. This recommendation impacts intercept zero (which enables people to access services before any contact or involvement with the criminal justice system has occurred) and intercept five (prevent recidivism). All services should be implemented in a need-aligned and equitably-distributed manner.
2. Increase Access and Remove Barriers to Community Based Services by addressing the Social Determinants of Health	Remove barriers to accessing all necessary and complimentary integrated not for profit community-based services related to mental health needs, substance use disorder, and poor social determinants of health while providing community members with the necessary tools, support, and incentives to attend and participate in services.
3. Expand the Community Based System of Care	Scale up effective culturally competent mental health and substance use models that are community based that already exist at critical intercepts with a priority on intercepts zero and five that enables people to access services before any criminal justice system involvement. Develop contracting policies and procedures that make it less difficult for culturally competent nonprofit community partners to become part of the funded integrated system of care and invest in those relationships long term. Develop capacity among local providers to compete for county contracts and provide high quality services. Address the distribution of resources by the geographic and racial impact of services equitably.
4. Expand the Community Based System of Care	Remove barriers that prevent not for profit community-based service providers from accessing county funding, contracting opportunities, technical assistance, and incubation opportunities.

5. Coordinate Community Based Services	<p>Create an Alternatives to Incarceration Coordination Initiative within the county governance structure to oversee program implementation and equitable distribution of resources. The Initiative would create policies and procedures to connect all county capacity building and services provision efforts. This Initiative would create linkages in service provision for county departments, non-profit community-based service providers and the community at large so that mental health needs, substance use disorder, and poor social determinants of health are supported and treated through an integrated model.</p>
6. Expand Community Health Worker and Peer Support Models to Provide Holistic Support	<p>Will be further developed by Community Health Workers across Los Angeles County.</p>

## **JUSTICE SYSTEM REFORM (JSR)**

### **Overview**

The Los Angeles District Attorney has spearheaded many of LA County's recent efforts to provide treatment instead of incarceration for people with serious mental illness. The County health agencies, community treatment providers and advocacy organizations, along with the Superior Court, the Public Defender's Office and Alternate Public Defender, the Probation Department, the Los Angeles Sheriff's Department, LAPD and other local law enforcement agencies, have also been working hard to provide more appropriate responses to the increasing numbers of people in our communities and on our streets who are experiencing mental disorders and/or substance use disorders.

There is much more work to do to shift from a punitive criminal justice response to a public health, trauma-informed approach to crisis. The goal is to prevent and reduce involvement with the criminal justice system in the first place—the system least equipped to provide appropriate care and treatment.

First, we must ensure that everyone, in every neighborhood in LA County, has access to effective substance use treatment and mental health care—as described by the CBSOC recommendations above. For those who do come into contact with the system, we must increase the opportunities for diversion and alternatives to jail custody at every point—from law enforcement contact in the field, to local police lockups, to the County Jail, and during every stage of the case process. We must ensure that law enforcement officers have the tools they need to respond safely and effectively; develop a system of effective and widespread pretrial release and services; fully implement recent legislative reform greatly expanding pre-plea diversion for people with mental health and/or substance use disorders, expand access to and the availability of effective diversion programs at every courthouse in the County; and for those still in custody, improve reentry practices and employ harm reduction strategies.

### **Goals**

<b>Goal</b>	<b>Description</b>
1. Improve Diversion Opportunities within the Court System	Formally implement recent legislative opportunities for earlier diversion away from the justice system for people with behavioral health needs, from the booking stage throughout the court process.
2. Reduce Pretrial Detention and Increase Services	Substantially and sustainably reduce pretrial incarceration of people with clinical behavioral health needs while strengthening public safety by instituting a presumption of release and using a public health approach that links accused persons to services and programs without additional justice system contact to reduce the financial burden on the accused by upholding the presumption of innocence.

	The broader goal is to reduce the entire pretrial population in comprehensive ways that recognize and address the disproportionate impacts of race, socioeconomic status, and other factors that contribute to pretrial detention.
3. Reduce and Improve Interactions between Law Enforcement and People with Mental Health Needs; Increase Diversion Opportunities and Improve Training for Law Enforcement	Scale up mental health and community-based response to behavioral health crises to substantially reduce contact between people with behavioral health needs who are in crisis and law enforcement. When there is contact between people with behavioral health needs who are in crisis and law enforcement, ensure that law enforcement has the training and partnership with behavioral health personnel to respond appropriately to each situation and to divert many more people into community-based treatment and services.
4. Increase and Improve Access to Treatment Services for Court-Involved Clients	Expand and ensure easy access and timely linkage to treatment services for clients involved in the court process to a broader range of behavioral health programs and expand the diversity and capacity of those programs. Create a flexible and integrative service model across the Departments of Mental Health, Health Services and Public Health, in order to provide the most responsive system possible to client's service and housing needs. Streamline the referral process from arraignment to disposition, and avail judges and attorneys of the general menu of options available to qualifying clients requesting mental health, substance use disorder, or co-occurring treatment services.
5. Improve Reentry Practices	Improve pre-release and reentry practices to ensure that individuals, including those with co-occurring mental health and substance use disorders, can transition directly from jail into appropriate community-based treatment and services.

## COMMUNITY ENGAGEMENT

### Overview

The Community Engagement Ad Hoc Committee has been tasked to plan a series of community mapping and listening sessions in selected communities to hear, elevate, and empower community members and gather information from community members and community organizations about available and needed services, supports, and policies that promote alternatives to incarceration. We seek to understand what services and supports prevent incarceration and assist those re-entering their communities after incarceration. Where services are currently offered, we are interested in understanding who is being served and who has limited or no access to support. We recognize that community members need access to health, services, good employment, affordable housing, and thriving communities and seek to understand inequities in the distribution of resources and opportunities that promote well-being.

The Committee will organize workshops in seven communities that have been identified through the Million Dollar Hoods and Advancement Project assessments as a sample of areas where there are significant needs and gaps in resources available to prevent and address high rates of incarceration. Workshops will be held in the following communities: South LA with a connection to Compton, the Antelope Valley with a connection to Lancaster, East LA, Long Beach, Pacoima, the San Gabriel Valley, and Pomona.

The ad hoc committee is focused on designing workshops that create a meaningful, intentional, and respectful environment for individuals and families that have been directly and indirectly impacted by incarceration to share information, identify challenges, and suggest opportunities for efforts aimed at preventing incarceration and addressing the needs of people re-entering after incarceration. Workshop participants also include key stakeholders such as service providers, advocacy organizations, and county health departments. The workshops will focus on soliciting and incorporating community feedback to shape recommendations for the final report and inform the full implementation of the roadmap for years to come.

To design a workable, effective alternative system to incarceration, it is necessary to meaningfully engage key stakeholders – primarily justice-impacted individuals and their families, though also including service providers and advocacy entities – in highly-impacted areas. This engagement will not function as a one-way, reporting-out process nor to simply gather assent to solutions prepared by others. The ad hoc committee's submission of findings from the community workshops should not stand alone and apart in the final report but, rather, be woven throughout the report – and directly inform (or reshape) interim recommendations drafted by the other ad hoc committees in advance of the community engagement.

## Goals

Goal	Description
1. Engagement of Currently Incarcerated People	<p>Hold three workshops in the county and/or local jail system and 1 workshop in a juvenile hall to solicit feedback from individuals that are currently incarcerated in LA County. Workshop attendees should be able to participate without any risks; information gathered at the workshop will be treated as confidential and will be shared without attribution or identifying information.</p> <p>Additionally, incarcerated individuals should be allowed to provide information through anonymous surveys or postings that will be managed by the Health Agency. The Office of Diversion and Reentry, Department of Mental Health, the Sheriff's Department, and other partners should help plan for workshops to be held between June and December. The outreach for engagement of currently incarcerated people may also include connecting to family members who currently have a loved one incarcerated in Los Angeles County.</p>
2. Advisory Collaborative of Impacted People	<p>The creation of an advisory collaborative is necessary to ensure there is continuous feedback and accountability to the prioritized communities and LA County at large in the implementation of the comprehensive roadmap. The advisory collaborative will communicate community solutions to the ATI work group and can serve to review recommendations and drafts of the final report. The advisory collaborative can also interface with local law enforcement to support the communication of community needs and feedback after the workshops. Possible sources of support for the Advisory Collaborative include the Whole Person Care Re-entry Health Advisory Collaborative and the DPH Office of Violence Prevention Community Council.</p>

## FUNDING Overview

The Alternatives to Incarceration Funding Ad Hoc Committee was established to assess and outline resources needed to implement recommendations by the Alternatives to Incarceration Work Group to scale up ATI services in the County.

In advance of recommendations from other work groups, the Funding Ad Hoc Committee has begun to draft an at-a-glance matrix of key funding streams that can potentially support the scaling up of ATI efforts. When developed, this document will identify funding streams, eligible uses, current county policy for utilization, and scale of funding available to the County. While the ad hoc committee is not positioned to line item budget recommendations from each fund, the matrix will help identify gaps and support the Board of Supervisors and Chief Executive Office in identifying potential sources of funding for this work.

To support the ATI effort, the County should continue efforts to maximize resource availability in order to meet the full scope of ATI recommendations, including advocacy at the state and federal level.

The California Department of Health Care Services is beginning the process of identifying changes to the scope and populations covered by Medi-Cal as part of its new Medicaid waiver with the Federal Government that would take effect in 2021. The final waiver provisions will significantly impact the scope of services funded under the program and shape available resources for eligible individuals involved with the justice system.

### Goals

Goal	Description
1. Advocate for Medi-Cal Coverage	The County should advocate for changes that would expand services and populations covered by Medi-Cal to support integrated service delivery to system-involved individuals and their families, which could provide a source of sustainable funding to support ATI recommendations related to an integrated system of care.

## DATA & RESEARCH Overview

The Data and Research Ad Hoc Committee committed to developing two jail population overviews with an emphasis on racial disproportionality for the Interim Report: 1) will focus on the population of people in jail who have severe clinical needs and 2) will include the total jail population. This description will guide the ATI Work Group in their development of frameworks, funding, and recommendations. The data that is currently available includes but is not limited to the following: race, gender, age, charges, repeat bookings, geography (including

where the court case is, where the arrest was made, self-reported data about where individuals live), homelessness (with limitations), mental health status, length of stay, number of pre-trial individuals, SUD and co-occurring disorders, and serious medical needs. The committee also developed a recommendation on data transparency. The Data and Research Ad Hoc Committee is also compiling a comprehensive list of data needs to address for the final report that includes requests from the other ATI committees.

<b>Goal</b>	<b>Description</b>
1. Improve data transparency	Expand justice data transparency including access, analysis, and metric design by those most impacted by the justice system.